

**Abstract 207**

**TITLE:** *Pneumocystis Carinii* Pneumonia Associated with Lack of Medical Care and Nonadherence with Prophylaxis.

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**BACKGROUND:** *Pneumocystis carinii* pneumonia (PCP) continues to cause significant morbidity and mortality in HIV-infected persons. This study explored reasons for its continued occurrence.

**METHODS:** We abstracted medical records for HIV-infected persons hospitalized with PCP 6197-5198 in three New York City (NYC) hospitals. Medical records were located and abstracted for 134/154 (87%) patients meeting these criteria.

**RESULTS:** The sample was 21% female, 51% black, 28% Hispanic, and the median age was 40 years. Diagnoses were made clinically in 48% and by microscopy or pathology in 52%. Of the 134 cases, 37 (28%) were newly diagnosed with HIV-infection and PCP concurrently (Group 1) and 97 (72%) were diagnosed with HIV before the PCP diagnosis (Group 2). Patients in Group 1 had a median CD4+lymphocyte count of 30 cells/uL (vs. 25 cells/uL in Group 2, Wilcoxon test,  $p=0.7$ ) and 16% died during the admission (vs. 9%,  $p=0.4$ ). Of 97 patients in Group 2, 91 met prophylaxis guidelines. Of these, 13 (14%) were taking prophylaxis at the time of the PCP diagnosis, and 78 (86%) were not taking prophylaxis or it was not mentioned in the medical record. Of the 78 patients, 14 (18%) were not in care prior to the PCP diagnosis (including 7 recently diagnosed with HIV), 47 (60%) had been prescribed prophylaxis in the past but were no longer in care or were nonadherent, and for 17 (22%) the reason they were not taking prophylaxis was unknown. The 78 patients not taking prophylaxis included 9% with a concurrent psychiatric diagnosis, 19% who were homeless, and 49% with a recent history of alcohol or substance abuse.

**CONCLUSION:** Lack of medical care and nonadherence appear to be major risk factors for PCP in patients diagnosed as inpatients. Delayed diagnosis of HIV infection is an important reason that patients are not in care.

**PRESENTER INFORMATION**

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